DATEME ARRIVATION SEE ASSESSMENT OF THE									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003)		081	81	9	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			6		·			RATE FEI		FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			XS 9=		-	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =				<i>\rightarrow</i>	X43=			OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								.145	7				
* If the difference in column 1 is less than zero, enter "0" in column 2.							•	+145= TOTAL		OR	+290=	190	
CLAIME AC AMENDED DADT II									F		OR	OTHER	10 60
2	(Column 1) (Column 2) (Column 3							SMAL	LE	NTITY	OR.	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 6	Minus	- 2	9	*		X\$ 9=			OR	X\$18=	
	Independent	• 3	Minus	3	;	= .		X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=	
(med 1-29 (acl 31-3)							1	TOTA	_		OB.	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FE	EL		,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- IONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= "		X\$ 9=			OR	X\$18=	
	Independent	•	Minus	***		=		X43=	1		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .								Ė		OR	+290=	•
	*								L		OR ,	TOTAL ODIT. FEE	
	·				·								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	TI	ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	that .		=	Γ	X\$ 9=	Γ		OR	X\$18=	
ME	Independent		Minus	•••		2	1	X43=	1		OR	X86=	
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1				
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								L		OR L	+290= TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OPA TOTAL ADDIT. FEE **OPA ADD													
1	he "Highest Num	ber Previously Paid	For* (Total or	Independer	nt) is the	highest number	foun	d in the ap	biot	oriate' box	in colu	mn 1.	